

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): LeBoeu	f et al.) Title	: Processing Substrate and/or Support Surface
Serial No.: 09/677,6	563) Grou	p Art Unit: 1774
5011a1 140 05/077,0) Exar	niner: A. Chevalier
Filed: October 2, 20	000)))	

AMENDMENT TRANSMITTAL WITH PETITION FOR EXTENSION OF TIME

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment for the above application.



CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on **January 13, 2003**, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Erin J. Fox

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1.	Small	Entity	Status

[] Small entity status has been established and is still effective.

[] Has not been established.

2. Extension of Time

[X] This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month	X	\$110.00	\$55.00	
Two Months		\$410.00	\$205.00	
Three Months		\$930.00	\$465.00	
Four Months		\$1,450.00	\$725.00	
Fifth Month		\$1,970.00	\$985.00	

If an additional Extension of Time is required, please consider this a petition therefor.

Extension Fee: \$110.00

An extension for ____ month(s) has already been secured and the fee paid therefor of \$____ is deducted from the total fee due for the total months of extension now requested.

Deduction: \$

Extension Fee Due With This Request \$110.00

3. Fee for Claims

The fee for additional claims [(37 CFR 1.16(b)-(d)] has been calculated as shown below:

					SMALL 1	ENTITY	OTHER TI	
	Claims Remaining After Amendment	Highest No Previously		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL		MINUS	20	=	X 9=	\$	X18=	\$
·INDEP.		MINUS	3	=	X42=	\$	X84=	S
First Presentation of Multiple Dependent Claim +140=					+140=	\$	+280=	\$
TOTAL ADDITIONAL FEE					\$	OR	\$	

4. Method of Payment of F	ees
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[X]	Attached is a check in the amount of:	<u>\$110.00</u>
[]	Charge Deposit Account No. 50-1903	
	in the amount of:	\$
[]	A copy of this Transmittal is enclosed.	

5. Deposit Account and Refund Authorization

The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17, except issue fees, to Deposit Account No. 50-1903. A copy of this Transmittal is enclosed.

Please refund any overpayment to E. McCracken and Frank at the address below.

Respectfully submitted,

McCracken and Frank Attorneys at Law

By:

Erin J. Fox

January 13, 2003

Reg. No: 52,261

200 West Adams, Suite 2150 Chicago, Illinois 60606 (312) 263-4700

Customer No: 29471